PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -3 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900012307489
02/11/03--01023--022 **236.25

DOCUMENT # **N98000007122**

1. Corporation Name

Association of Emergency Medical Servic
~~NATIONAL ASSOCIATION OF EMERGENCY MEDICAL SERVIC~~
~~ES QUALITY PROFESSIONALS, INC.~~
~~ES Quality Professionals, Inc.~~

Principal Place of Business	Mailing Address
3717 S. CONWAY ROAD ORLANDO FL 32812-7607	3717 S. CONWAY ROAD ORLANDO FL 32812-7607

02-03 MM

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
P.O. Box 2128	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
LAKELAND, FL	Po Box 2128
City & State	City & State
	LAKELAND, FL
Zip 33806 Country	Zip 33806 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/17/1998

5. FEI Number: 62-1747607 ✓ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	~~MIRIOVSKY, MIKE~~ Coontz, Darryl D.	~~4600 VALLEY ROAD, #337~~ 6300 Hampton Road	~~LINCOLN NE 68510~~ Texarkana, Texas 75503
D	~~HATLEY, TODD~~ Hatley, Michael Todd	~~P.O. BOX 699~~ 207 Trent Woods Way	~~PITTSBORO NC 27312~~ Cary NC 27519
D	~~DURKOWSKI, KAREN~~ Brandt, Patricia	~~315 E. 200 SOUTH~~ 6950 Amory Court,	~~SALT LAKE CITY UT 84111~~ Winter Park, FL 32792
D	~~LANDY, AL~~ WILLIAMS, DAVID	~~P.O. BOX 98000~~ 517 Pleasant Valley Rd. AUSTIN-TRAVIS EMS AUSTIN, TX 78704-1902	LAFAYETTE LA 70509 AUSTIN, TX 78704-1902
D	~~LEDUC, TODD~~ ~~DUNWOODY, WILLIAM~~	~~2601 W. BROWARD BLVD.~~	~~FT. LAUDERDALE FL 33112~~
D	~~HARRAWOOD, DAVID~~ DUNWOODY, WILLIAM	~~2200 STICKNEY POINT RD.~~ PO Box 747 30 CHASE AVE.	~~SARASOTA FL 34321~~ WATERVILLE, ME 04903

8. Name and Address of Current Registered Agent

BRUNNER, BETH
3717 S. CONWAY ROAD
ORLANDO FL 32812-7607

9. Name and Address of New Registered Agent

Name: MICHAEL GUNDERSON
Street Address (P.O. Box Number is Not Acceptable): 326 PARK ST. W.
Suite, Apt. #, Etc.:
City: LAKELAND State: FL Zip Code: 33803

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

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06/11/03--01053--006 **61.25

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 1/16/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED 1/16/03 (919)419-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #